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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Republican Majority Fund PO Box 144 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ted@kochandhoos.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2013 C00296640 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Theodore V. Koch Type or Print Name of Treasurer Theodore V. Koch [Electronically Filed] 03 2013 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE Candidate Committee:	. ago L
	committee. (Complete the candidate information below.)
(b) This committee is an authorized commit information below.)	ttee, and is NOT a principal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought:	State House Senate President District
(c) This committee supports/opposes only of	one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Committee:	(National, State (Democratic,
(d) This committee is a	(National, State (Democratic, or subordinate) committee of the Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregate	d fund. (Identify connected organization on line 6.) Its connected organization is a
Corporation	Corporation w/o Capital Stock Labor Organization
Membership Organization	Trade Association Cooperative
In addition, this committe	e is a Lobbyist/Registrant PAC.
(f) This committee supports/opposes more committee. (i.e., nonconnected committee	than one Federal candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lo	obbyist/Registrant PAC.
In addition, this committee is a Le	eadership PAC. (Identify sponsor on line 6.)
Joint Fundraising Representative:	
	/s fundraising expenses and disburses net proceeds for two or more political which is an authorized committee of a federal candidate.
(h) This committee collects contributions, pay	rs fundraising expenses and disburses net proceeds for two or more political is an authorized committee of a federal candidate.
Committees Participating in Joint Fundral	ser
1. [FEC ID number
2.	FEC ID number
3.	FEC ID number C
4.	FEC ID number C

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	raye 3
Republican Majority Fund	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Re	presentative, or Leadership PAC Sponsor
Senator Saxby Chambliss	
P.O. Box 12469 Mailing Address	
Atlanta 	GA 30355
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraisin	ng Representative X Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and postbooks and records.	sition of the person in possession of committee
Theodore V. Koch	
Full Name,901 N Washington St, Ste 700	
Mailing Address	
Alexandria 	VA 22314
Title or Position CITY	STATE ZIP CODE
Treasurer Telephone no	umber 703 - 299 - 8570
3. Treasurer: List the name and address (phone number optional) of the treasurer of the any designated agent (e.g., assistant treasurer).	he committee; and the name and address of
Full Name Theodore V. Koch	ı
of Treasurer	
Mailing Address [901 N Washington St, Ste 700	
Alexandria	VA 22314 -
CITY Title or Position	STATE ZIP CODE
Treasurer Telephone nu	umber 703 - 299 - 8570

FEC Form 1 (R	evised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposit		s funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.	s funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.	s funds, holds accounts, rents
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FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. IBB&T 1909 K Street NW Mailing Address 20006 Washington DC CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Monday Meeting PAC 228 S Washington St, Ste 115 Mailing Address 22314 Alexandria **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Connected Organization Affiliated Committee Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor RMF-NCF 2013 Committee 228 S. Washington St, Ste 115 Mailing Address 22314 Alexandria **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number